

MEMBER INFORMATION

LPF Member ID No.	Date of Birth (yyyy/mm/dd)	Home Local	Gender
Last Name	First Name	Middle Name	
Address			Apt/ Suite #
City	Province	Postal Code	Country
Email	Primary Phone	Other Phone	

MARITAL STATUS

If you are separated or divorced, please provide our office with certified copies of all court orders and/or agreements about your separation or divorce. If you are widowed, please provide our office with a copy of your Spouse's death certificate.

☐ Married ☐ Common-law ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

If Married: Provide date of marriage

If Common-Law: Provide date of cohabitation ➤ Date _____ (yyyy/mm/dd)

If you work in Nova Scotia, to qualify as a common-law partner, you must be living together in a conjugal relationship and have done so continuously for at least 1 year if neither of you is married, or for at least 3 years if either of you is married.

➤ Spouse or Common-Law Partner

Social Insurance Number	Date of Birth (yyyy/mm/dd)	Gender
Last Name	First Name	Middle Name

IMPORTANT INFORMATION

You can use this form to designate one or more beneficiaries for:

- (a) A pre-retirement death benefit payable if you die before beginning to receive your pension; and
- (b) Any remaining balance of the payments in the 60 payment guarantee period if you die after beginning to receive your pension and your pension is being paid as a 60-Month Guarantee Pension.

PLEASE READ CAREFULLY BEFORE COMPLETING THE NEXT SECTION

1. If a pre-retirement death benefit is payable, it must be paid in accordance with applicable law. This may mean that it must be paid to a person other than the person(s) you designate below as your beneficiary(ies). If you work in Nova Scotia, applicable law requires that a pre-retirement death benefit be paid in the following order to you:

- i) Spouse (There is no need to designate your eligible Spouse)
- ii) Designated beneficiary(ies)
- iii) Estate

Additionally, if you work in Nova Scotia, your Spouse will not be eligible for a pre-retirement death benefit if they are living separate and apart from you on the date of your death. Whether two persons are "living separate and apart" is a complicated question. It must be determined on a case-by-case basis in accordance with legal requirements. You and your Spouse can be living separate and apart even if you do not have a formal separation agreement and/or are living in the same residence.

2. If you do not have an eligible Spouse or Common-law Partner on your date of death (or your Spouse/Common-law Partner has waived their rights to a benefit upon your death) and/or no Beneficiary(ies) is named or the named Beneficiary(ies) dies before you, any Plan benefits payable following your death will be paid to your Estate.

IMPORTANT INFORMATION (CONT'D)

3. If benefits are payable to your Estate and you do not have a will, in many cases, a court appointed trustee for your estate will be required before payment can be issued.
4. If you designate a minor, you should be aware that payments to a minor must be made in accordance with applicable law. Among other things, this may delay payment of the benefit or require that the benefit be paid into court. We recommend seeking legal advice before designating a minor as a beneficiary.
5. You should review your beneficiary designation on a regular basis and particularly when major life events occur, such as marriage, divorce, separation, death of a Spouse or birth of a child. Your beneficiary designation is not automatically updated when such events happen.
6. We recommend that you seek legal advice to understand how your Will may impact this beneficiary designation.

BENEFICIARY DESIGNATION

➤ **PRIMARY BENEFICIARY:** Ensure the total percentage allocation equals 100% or check this box ☐ to divide the benefit equally among all primary beneficiaries. If you need more space, attach, and sign an additional page. If you do not indicate a percentage below and neglect to check the box, any benefit payable to your designated beneficiaries will be divided equally amongst them.

Name	Relationship	Social Insurance Number	Percentage
Address		Date of Birth (yyyy/mm/dd)	_____ %
Name	Relationship	Social Insurance Number	Percentage
Address		Date of Birth (yyyy/mm/dd)	_____ %

➤ **SECONDARY BENEFICIARY:** Applicable only in the event that your primary beneficiary(ies) dies before you.

Percentage Allocation Must Equal 100% or check this box ☐ to allocate any benefits payable to be divided equally among all your secondary beneficiaries. If you require more space, attach, and sign a separate page. If you do not indicate a percentage below and neglect to to check the box, any benefit payable to your designated beneficiaries will be divided equally amongst them.

Name	Relationship	Social Insurance Number	Percentage
Address		Date of Birth (yyyy/mm/dd)	_____ %
Name	Relationship	Social Insurance Number	Percentage
Address		Date of Birth (yyyy/mm/dd)	_____ %

AUTHORIZATION AND SIGNATURE (THIS SECTION MUST BE COMPLETED)

I, _____, **(print name)** hereby revoke any previous designation(s) made by me and designate the person(s) named in this form as the person(s) entitled to receive certain benefit payments from the LiUNA Pension Fund of Central and Eastern Canada payable following my death. I hereby declare that the information I have provided in this form is true and accurate. I understand that the information provided above (including my social insurance number) is used and may be disclosed to third parties for the purpose of administering my pension benefits (including complying with federal tax reporting laws) and I hereby consent to the use and disclosure of this information for such purposes. I acknowledge that it is my responsibility to advise the LiUNA Pension Fund of Central and Eastern Canada of any change of address, marital status and/or Beneficiary information.

Signature	Date (yyyy/mm/dd)
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